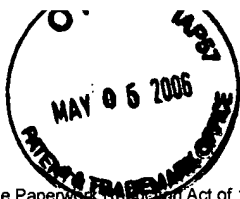


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 07589.0056.NPUS01
<div style="border: 1px solid black; padding: 2px; margin: 2px 0;">In re Application of WIGREN</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">Application Number 10/605,372 Filed 09/25/2003</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">For Thermal Barrier Coating And A Method...</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">Group Art Unit 1775 Examiner MCNEIL</div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"><div style="width: 80%;"><p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</p><p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p><p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p><p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p><p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p><p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p><p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p><p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p><p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141437</u>.</p><p>I have enclosed a duplicate copy of this sheet.</p><p>I am the <input type="checkbox"/> applicant/inventor</p><p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p><p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p><p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p></div><div style="width: 15%; text-align: right; vertical-align: top;"><p>\$ <u>120</u></p><p>\$ _____</p><p>\$ _____</p><p>\$ _____</p><p>\$ _____</p></div></div>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>04/14/2006</u></p><p style="text-align: center;">Date</p></div><div style="width: 45%; text-align: center;"> _____ Signature Tracy W. Druce _____ Typed or printed name</div></div>		
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div style="width: 40%;">05/08/2006 AXELECH1 00000044 10605372</div><div style="width: 40%; text-align: center;">120.00 OP 50.00 OP</div><div style="width: 20%;"></div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Total of <u>1</u> forms are submitted.</div>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Under the Patent and Trademark Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 170**Complete if Known**

Application Number	10/605,372
Filing Date	09/25/2003
First Named Inventor	WIGREN
Examiner Name	MCNEIL
Art Unit	1775
Attorney Docket No.	07589.0056.NPUS01

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 141437 Deposit Account Name: Novak Druce & Quigg, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
21	- 20 or HP = 1	x 50 =	50

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Extension Fee (120)

120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 35,493	Telephone 202.659.0100
Name (Print/Type)	Tracy W. Druce	Date 04/14/2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.